

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/045,036	03/20/98	380	3642	WD2.97.558

APPLICANT

JAY S. WALKER, RIDGEFIELD, CT; ANDREW S. VAN LUCHENE, NORWALK, CT.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/920,116 08/26/97  
WHICH IS A CIP OF 08/822,709 03/21/97

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

FOREIGN FILING LICENSE GRANTED 04/04/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials _____	CT	13	36	12

ADDRESS

DEAN ALDERUCCI  
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STAMFORD CT 06905-1326

TITLE

METHOD AND APPARTUS FOR FACILITATING THE PLAY OF FRACTIONAL LOTTERY  
TICKETS UTILIZING POINT-OF-SALE TERMINALS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,005		



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Bib Data Sheet

CONFIRMATION NO. 9335

SERIAL NUMBER 09/045,036	FILING DATE 03/20/1998  RULE	CLASS 705	GROUP ART UNIT 3622	ATTORNEY DOCKET NO. WD2.97.558
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## APPLICANTS

JAY S. WALKER, RIDGEFIELD, CT;

ANDREW S. VAN LUCHENE, NORWALK, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/920,116 08/26/1997 PAT 6,119,099  
 which is a CIP of 08/822,709 03/21/1997 PAT 6,267,670

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/04/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 13	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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## TITLE

METHOD AND APPARTUS FOR FACILITATING THE PLAY OF FRACTIONAL LOTTERY TICKETS UTILIZING  
 POINT-OF-SALE TERMINALS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )